

Foster Family Home - Deficiency Report

Provider ID: 1-240034

Home Name: Precious Joy Diego, RN

Review ID: 1-240034-1

94-1134 Kahuahale Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/15/2024

Foster Family Home


Required Certificate

[11-800-6]


6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager



Primary Care Giver

5/15/2024
Date

5/15/2024
Date